

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/5/63/4

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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49									99						
50									100						
TOTAL IND.		↓	4	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	6	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			10						TOTAL CLAIMS						